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APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Public Health Laboratory Section Room 703-H 47 Trinity Ave. SW Atlanta, Ga. 30334	ARCHIVES AND HISTORY
Application Date 5/11/82		Application Number 73-209-A
Application Number 82-18		Date Received MAY 13 1982
		Date Completed MAY 19 1982

2. Person to Contact Michelle Dukes Jeanne Milner	Working Title Secretary Director	Telephone Number 656-4793
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3. Action Requested

a.  Establish Retention Schedule; record will continue to accumulate.

b.  Dispose of present accumulation; no further accumulation anticipated.

c.  Amend Application No. 73-209 Check One:  Change;  Supersede;  Void

4. Dates of Series Earliest 1980	Latest continuing	5. Records Series Title (followed by title used in office; if different) Laboratory Screening Test Results Report File for (Metabolic Disorders, Hypertension, and Lead Poisoning)
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6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Division of Public Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the public health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the monitoring of supplies of drinking water; and the daily State-wide program of registration, statistical coding, certification and preservation of certificates for births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.

The Laboratory Section has the responsibility to provide complete laboratory support services for the Division, including: tests on disease-related specimens in support of epidemiologic investigation and disease control, such as: venereal disease and tuberculosis control, hypertension programs, local Medicaid programs and epidemic infections; (See Continuation Page)

7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.

Documents relating to: testing and analyzing blood samples for metabolic disfunctions, hypertension, and lead poisoning

Included are (Blood Lead Lab Tests) Form 3463 (Lead Poisoning Laboratory Report) - which records the level of Lead, Erythrocyte Protoporphyrins, and Zinc Protoporphyrins in the bloodstream; and Form 3593 (Lead Poisoning Detection) - which records and notifies a Doctor of a patient's blood lead test levels. (Hypertension Screening Lab Tests) Form 3606 (Hypertension Report Sheet) - which records the level of glucose, cholesterol, triglycerides, potassium, sodium and creatinine in the bloodstream; Form 3614 (Hypertension Short Report Form) - which records the level of glucose, cholesterol, uric acid, potassium, sodium and creatinine in the bloodstream; Form 3490 (Sodium and Potassium Report Sheet) - which records the level of sodium and potassium in the bloodstream; Form 3493 (Hypertension Tests Monthly Totals Sheet) - which records the monthly totals and results of Hypertension Tests. (Metabolic Disorder Screening Lab Tests) Form 3491 (Metabolic Disease Test) (See Continuation Page)

The file is arranged : alphabetically by county; thereunder by patient last name; thereunder by date of birth.

8. Monthly Reference Rate How often are records referred to which are:

One to six months old 4 ; Seven to twelve months old 2 ; Thirteen to twenty-four months old 1 ; twenty-five months and older 1 ?

9. Annual Rate of Accumulation of Records

Letter-size drawers 5 ; Legal-size drawers \_\_\_\_\_ ; Shelves \_\_\_\_\_ ; Other (Specify) \_\_\_\_\_

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <b>XI A. 2(a) DHR Confidentiality Policy</b>
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

**11. Retention Requirements** The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	<u>2</u> years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need. Administratively, these files are needed to document and verify the laboratory test results performed regarding metabolic disorders, hypertension, and lead poisoning.

**12. Approved Disposition Instructions** This agency recommends that the file series be cut off at the end of each:

Calendar Year;  Fiscal Year;  Other \_\_\_\_\_ then,

Hold in the current files area \_\_\_\_\_ month(s) 1 year(s); then

Transfer to local holding area; hold \_\_\_\_\_ year(s); then

Transfer to State Records Center; hold 1 year(s); then

Destroy

Transfer to State Archives for permanent retention.

Other (Specify) \_\_\_\_\_

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
X <i>Jeanne Milner, Lab Manager</i>	<i>5-11-82</i>	<i>Paul Murphy</i>	
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>[Signature]</i>	<i>5-18-82</i>
		Secretary of State/Designee	Date
		<i>Carole Hart</i>	<i>5-17-82</i>
		Attorney General/Designee	Date
		<i>[Signature]</i>	<i>5-18-82</i>